



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HA & AR STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

| | (Type c | or Print Clearly) | |
|------------------------------|--|---|-----------|
| PART I LOBBYIST | | | |
| NAME(Last) | (First) | (Middle) | TELEPHONE |
| Nagi | Ravinder | \$. | 527-8023 |
| MAILING ADDRESS (Street) | | | FAX |
| 924 Bethel | Street | | 527-8008 |
| (City) | (State) | (Zip (| Code) |
| Honolulu | HI. | | 96813 |
| EMPLOYING ORGANIZATION (Fill | n only if you are employed by a busine | ss entity which has been retained to lobby) | TELEPHONE |
| Legal Aid S. | ociety of f | tawaii | |
| MAILING ADDRESS (Street) | . / | | FAX |
| 924 Bethe | Street | | |
| (City) | (State) | (Zip (| Code) |
| Itonolul | n HI. | 96 | 813 |
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| PART II ORGANIZATION | l . | | |

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| TELEPHONE |
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| FAX |
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| ode) |
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| TELEPHONE |
| 5278060 |
| FAX |
| 5278088 |
| ode) |
| 96813 |
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| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY | | | | |
|---|---------------------------------|---|---|--|
| Agriculture | Education | Human Services | Science, Technology & Economic Development | |
| Communications & Public Utilities | Government Operations & Finance | Intergovernmental Relations, International Affairs | Tourism & Recreation | |
| Consumer Protection & Commerce | Hawaiian Affairs | Labor & Employment | Transportation | |
| Culture, Arts, Historic Preservation | Health | Planning, Land & Water Use Management | Other: (indicate below) | |
| Ecology, Energy Environmental Protection | Housing | Public Safety & Corrections | | |
| | | | | |
| PART IV CERTIFICATION O | F LOBBYIST | | | |
| I hereby certify that the info | rmation furnished above is, to | o the best of my knowledge, com | rect and complete. | |

| Kavinder 3. Mags | | | | |
|--|--|--|--|--|
| (Signature of Lobbyist) | (Date) | | | |
| | | | | |
| PART V AUTHORIZATION TO LOBBY | | | | |
| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED | | | |
| M. Nalani Fujimon | Deputy Director | | | |
| NAME OF ORGANIZATION (if applicable) | TELEPHONE | | | |
| Legal Aid Society of Hawaii | 5278014 | | | |
| MAILING ADDRESS (Street) | FAX | | | |
| 924 Bethel St. | 5278088 | | | |
| (City) (State) | (Zip Code) | | | |
| HON HI | 96813 | | | |
| I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. | | | | |
| 2. No 1/31/05 | | | | |
| (Signature of Authorizing Officer or Person Represo | ented) (Date) | | | |
| | | | | |